

Project Name: Adopt National Standards for Inpatient Discharge Data

OCIO Project #:

Department: OSHPD

Revision Date: 5/21/09

Concept Statement

Description

Brief description of the proposed project:

Migrate Inpatient Hospital Discharge Data elements, as reported via MIRCal, from OSHPD proprietary definitions to national standards. See statutory requirements for use of national standards, "as applicable," in the CA Health and Safety Code, Health Data and Advisory Council Consolidation Act, Section 128735. Health facilities are currently required to use national standards for reporting Emergency Department and Ambulatory Surgery data to the Patient Data Section (PDS) within the Healthcare Information Division (HID) of OSHPD. This would align definitions in all three programs. Regulation changes would be needed leading to MIRCal changes in validation rules, edit reports, correction aids, education & outreach materials, staff training, imports to the data warehouse, reference materials, and output products. HID operations in PDS, the Healthcare Outcomes Center, the Healthcare Information Resource Center, the Data Management Office, and support in ITSS would be significantly impacted. Full project management would be required. Some amount of work could be performed via external contracts, such as the revision to required file format specifications and validation programs.

Need Statement

High Level Capabilities Needed:

Change all IT and MIRCal system functions for revised data elements (approximately), coordination with regulation change process, contract management, and project management. Must accommodate MIRCal structure and functions, programming, validation, testing, security, application revision and maintenance, staff training, outreach, and align with other MIRCal projects and initiatives. Make modifications to data warehouse and corporate reports.

What is Driving This Need?

Differences exist between OSHPD proprietary definitions and national standards. Unnecessary burdens are placed on hospitals, emergency departments, ambulatory surgery centers, and all data users due to two sets of definitions for the same data elements in patient level data programs. No benefit is gained from retaining disconnected definitions in similar databases.

Risk to the Organization if This Work is Not Done:

OSHPD ignores difficulty of maintaining differing data and unnecessary burdens on data providers, thus ignoring statutory mandate to continuously evaluate and implement improvements in data collection programs.

Benefit Statement

Intangible Benefits

Process Improvements (describe the nature of the process improvement):

OSHPD will see improved data value in consistent definitions of data elements, greater ease in cross database comparisons and linkages, and improved aggregations.

Other Intangible Benefits:

OSHPD data will be improved, relevant, and synchronized internally as well as with national healthcare information.

Tangible Benefits

Revenue Generation (describe how revenue will be generated):

None.

Cost Savings (describe how cost will be reduced):

None.

Cost Avoidance (describe the cost and how avoided):

If OSHPD retains these discrepancies in definitions, it prolongs unnecessary staff time spent on reconciliations.

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Risk Avoidance (describe the risk and how avoided):

OSHPD will avoid risk of noncomparability, a key factor in conducting high quality data collection and disclosure. This would reduce inaccuracies inherent in forcing comparisons.

Improved Services:

Provide comparable and useful data.

Consistency

"No" Responses 		Rationale	Action Required
Enterprise Architecture	Yes		
Business Plan	Yes		
Strategic Plan	Yes		

Impact to Other Agencies

Nature of Impact to Other Agencies

Agency:

Describe the nature of the impact:

Other state, governmental, and private entities will have access to aligned databases for uses that include health care planning, epidemiology, healthcare effectiveness, and patient safety.

Agency:

Describe the nature of the impact:

Agency:

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Solution Alternatives

Alternative 1:

Do nothing = stay with discrepant definitions. Ignore well-defined basics of data quality and good data management.

Technical Considerations for Alternative 1:

ROM Cost: to

Note: high end of range must not exceed 200% of low end of range

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Alternative 2:

ED and AS data Revise elements to align with proprietary definitions, ignoring statutory mandate to follow national standards, as applicable.

Technical Considerations for Alternative 2:

MIRCal system and data warehouse changes would be required without gaining benefits from using standards.

ROM Cost: to

Note: high end of range must not exceed 200% of low end of range

Alternative 3:

Conversion to national standards.

Technical Considerations for Alternative 3:

Will require modification of a variety of OSHPD healthcare databases.

ROM Cost: 1 M 2 M

Note: high end of range must not exceed 200% of low end of range

\$1M - \$2M

Recommendation

Comparison:

Alternative 1	ROM Cost		Risk
	\$0	- \$0	
Alternative 2	ROM Cost		Risk
	\$0	- \$0	
Alternative 3	ROM Cost		Risk
	1 M	- 2 M	

Conclusions:

1	
2	
3	
4	

Recommendation:

Recommend alternative 3 to align with OSHPD's mandate to use national standards and to provide more consistent, maintainable and useable data.

Project Approach (if known)

System Complexity:				System Business Hours: (e.g., 24x7, 9am-5pm) :	
Architecture	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Client Server	<input checked="" type="checkbox"/> Web Based	Num. of New Databases:	0
Technology	<input type="checkbox"/> New	<input type="checkbox"/> New to Staff	<input checked="" type="checkbox"/> In-House Experience	Interfaces:	
Implementation	<input type="checkbox"/> Central Site	<input type="checkbox"/> Phased Roll-out		Num. of Sites:	1
M & O Support	<input type="checkbox"/> Contractor	<input type="checkbox"/> Data Center	<input type="checkbox"/> Project	<input checked="" type="checkbox"/> In House	
Procurement Approach: CMAS for temporary specialized consultant services. CSSI for all hardware and SA for software.					Number of Procurements: 2
Open Procurement?	Yes	Delegated Procurement? Yes			

CA - PMM

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